

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

FEB 06 2020

David J. Bradley, Clerk of Court

LILLY ANNE HOPKINS, A.K.A.	§	
SAMUEL HOPKINS, TDCJ# 1986831	§	
	§	
Plaintiff,	§	
	§	
v.	§	CIVIL ACTION NO. 4:19-cv-05041
	§	
LORIE DAVIS, et al.,	§	
	§	
Defendants.	§	

RESPONSE TO ORDER FOR MORE DEFINITE STATEMENT

1. Plaintiff was ordered by the Court to respond to several questions about her statement, this document contains the requested information.

1(a) Who made the determination that a change in grooming habits and clothing would be beneficial to your treatment? If possible, provide the name and position of that medical professional.

2. The first Gender Specialist to directly state in the medical record that I could benefit from being able to express myself as female was Kayli Dozier, NP. She then also noted the two areas I felt would help me best, longer hair and female clothing. The other Gender Specialist, Jesse Gordon, D.O., has also noted in the written record that I have increased dysphoria related to gender expression and even noted in the record that my case was discussed with Defendant Dr. Joseph Penn, her supervisor, in light of my significant dysphoria related to gender expression.

3. Gender expression, as discussed with the Gender Specialists has included hair, clothing, and makeup. The Gender Specialists have both indicated a desire to help me but they have informed me that they are not allowed to. I have only included hair and clothing in the lawsuit because these areas cause me the most distress, are both

mentioned in the record as causing me the most distress, and were the two elements of gender expression that were fully grieved.

1(b) Why do you believe that a change in grooming habits and clothing aid you in gender dysphoria? Please describe how in your own words.

4. My condition relates to the distress that I feel because my gender identity (female) does not line up with both my primary and secondary sex characteristics and my gender role and expression. Hormones and castration help with the primary and secondary sex characteristics to a point, but they do nothing to assist with my gender role and expression.

5. When I'm forced to dress and groom as a man it destroys my self-image and I feel trapped in a male shell. I feel extreme distress to the point that I want to die. There is this huge discrepancy between my internal sense of gender identity and the forced cross gender expression. It is humiliating and degrading and this "punishment" is only inflicted on transgender prisoners; cisgender prisoners, that is prisoners whose gender identity corresponds to their sex assigned at birth, are allowed to dress and groom in a way that reflects their gender identity. They aren't forced to endure the humiliation of forced cross gender expression.

6. When I dress and groom as a woman I no longer feel trapped in a male exterior. My outside matches my inside sense of being female and there is unity. It gives me dignity and reduces greatly the distress I feel in this body. I'm not asking for anything more than to dress and groom the same as any other female prisoner and for my treatment of Gender dysphoria to be based upon my needs.

1(c) When were you diagnosed with gender dysphoria? Do you have documentation of this diagnosis? Fully describe the impact gender dysphoria has had on your living conditions in the prison system.

7. I was diagnosed as a reported history of Gender Dysphoria as of January 28, 2016. I was formally diagnosed with Gender Dysphoria as of October 10, 2016. Yes, I have documentation of this withing my written medical records.

8. Living with gender Dysphoria in TDCJ is for me my own place of torment to a degree not experienced by other prisoners. Two things occur, one you are housed based upon your sex assigned at birth and not your gender identity, and then the torment part comes from the second thing which is the rigid imposition of gender norms based not upon your gender identity, but upon your sex at birth. People like myself push back as best we can, we make homemade panties, we grow our hair as long as they will let us, some wear makeup chancing the punishment for doing so. Some like myself have actually tattooed some of our makeup on so it can no longer be forcibly removed. We do this not because we like fighting the system but because we, like all people, want to express our gender. It is a basic thing that humans do.

9. When I'm forced to groom as a man my identity is stripped away from me and my body is degraded and I am humiliated. It feels like an act of violence and I almost always self-harm afterwards.

10. In the world I dressed as a woman when able to do so because it gave me the feeling of being on the outside what I was on the inside and it reduced my distress. I have stopped wearing boxers in here despite that is the only underwear either provided or available in commissary. Now that I'm castrated it feels completely innappropriate to wear them. Inevitably my homemade panties are seized and I am

harrassed by the guards for having them, and just like most other transwomen, I try to make more. Dressing as my gender gives me self esteem and reduces the distress that I feel being in the wrong body.

11. I am simply trying to live as any other female prisoner. When I am forced to live as a male prisoner it reinforces the shame in my body, in being born into a body that doesn't match who I "know" that I am. It compounds the distress that I already feel.

12. I tried for much of my life to change my gender identity and learned the hard way that I couldn't. Progressively my condition has grown worse as I have aged and matured. I can no longer endure the thought of living as a man, and right now I am being forced to do just that. It leaves me feeling hopeless and suicidal.

13. Because of all of this, because I live with Gender Dysphoria (GD) within TDCJ and housed at a male institution I live in a private hell that traps me firmly in this male body and tries over and over again to make me be like a man.

1(d) What is the full treatment plan for your diagnosis of gender dysphoria? How is this treatment plan being implemented as of now?

14. TDCJ and the Gender Specialists do not provide for a full treatment plan for Gender Dysphoria (GD). They provide hormones and occassionally note that there is a need for additional care, but it stops there. Someone such as myself in the world would have hair removal, changes in gender role and expression, Hormone Replacement Thereapy (HRT), and then finally Sexual Reassignment Surgery. A treatment plan could include other things such as voice therapy (which I would benefit from).

15. TDCJ and CMHCC Policies for patients with GD only allow for HRT. There is a blanket ban on all other treatments. The Gender Specialists are not allowed to develop an individual treatment plan

based upon my needs, though in my case they both have expressed a desire to assist me with gender expression they are not allowed to do so. Dr. Gordon even noted that she has brought my case to the head of TDCJ Psychiatry, Defendant Dr. Joseph Penn, but has not been able to get me help. As of yet there is no full treatment plan as you have requested. They have noted some of what treatment would help me and it has stopped there, even that is not being implemented. Again, this is one of the reasons that I am in Court now.

1(e) Please explain, as you state it, your "autocastration". How did you castrate yourself? When and where did you castrate yourself? How has it impacted your treatment plan and disorder?

16. I castrated myself at the Ellis Unit in Huntsville Texas on Saturday March 12th, 2016 at evening time. I had sought HRT and was unsuccessful. I was living as a man at a male prison and was extremely uncomfortable in my body and gender expression. I was experiencing intense emotional distress and began to formulate a plan to remove my testicles. I already had the plan and supplies ready and in place which I had been preparing for weeks when I got a good final "push" by a guard who said "you ain't no woman, you got balls between your legs don't ya." She also ordered my makeup removed. Irregardless the castration would have happened but it did give a good push. The distress I felt in that male body was significant.

17. The initial plan was to cut off circulation, similar to how cattle are castrated. I secured three rubber bands tightly around the base of the testicles. After about an hour the pain was causing my entire body to shake violently and I was afraid I couldn't make it the days necessary as I had planned. So I broke open two razors to procure four razor blades. My cell was visible to the dayroom and a large number of inmates so I sat on the toilet like I was

using the restroom and performed the self surgery. I cut down the right side of the scrotal sac and then the left severing that flesh and the rubberbands slid off at that point. I then severed all tissue then outside my body. The pain was intense but the emotional pain I felt was more intense and propelled me forward. The last thing I severed was a cord of some kind, either a vein or an artery. It began pouring blood out. I could not stop the flow of blood. I flushed all tissue so it couldn't be saved, pulled my shorts up and sought medical attention while applying pressure. I ended up getting an emergency transfusion and then sent to another hospital. Post op I asked if it was all gone and they confirmed this and then I laughed and cried with relief and joy.

18. It has impacted my treatment plan in minimal ways because the treatment plan isn't tailored to my needs with the exception of HRT. In that respect it has eliminated the need for testosterone blockers which are normally taken as a part of HRT, in my case my testosterone levels are low by typical female standards.

19. It's impact on my disorder has been a significant and positive one. It is in fact a procedure which is a part of Sexual Reassignment Surgery, which I hope to one day more fully complete. It has helped my comfort with my body, has helped me to walk and sit in a more feminine manner and has made gender appropriate underwear more appropriate. It has given me greater comfort in my body and helped with my disorder.

2. Again you allege that the defendants are violating your rights because policy G 51.11 does not allow you to change your grooming standards and clothing based upon your medical needs. Please, in full detail, describe what each specific defendant has done to impact your rights, and what actions, for each defendant you believe has violated your rights.

DEFENDANT LORIE DAVIS TDCJ-CID DIRECTOR

20. Defendant Lorie Davis, TDCJ-CID Director, is responsible for the creation and imposition of both male and female grooming policies and is responsible for the humane treatment of inmates. When it was noted that I could benefit from the provision of longer hair and female clothing I sought to have this care implemented, ~~namely~~ the allowance to use the female grooming standards and the provision of female clothing as provided to female inmates. It was the imposition of male clothing and grooming policies on myself which were relied upon in the denial of providing this care. These policies took away the ability of doctors to use their clinical judgement with respect to conditions that are significant, especially when it pertains to medically necessary treatment. The provision of female gender expression through use of female grooming and clothing policies was not denied because it wasn't medically necessary, nor was the denial based upon an informed medical judgement, it was denied as a matter of policy which prevented informed medical judgement from taking place and necessary medical care provided. Lorie Davis created a policy or custom under which unconstitutional practices occurred and allowed the continuance of such a policy or custom.

LANNETTE LINTHICUM TDCJ HEALTH SERVICES DIV. DIR AND OTHER  
CORRECTIONAL MANAGED HEALTH CARE COMMITTEE MEMBERS: ROBERT BARROW,  
BEN RAIMER, CYNTHIA JUMPER, ERIN WYRICK, PRESTON JOHNSON, PARKER  
HUDSON III, JOHN BURMUSA, AND KELLY GARCIA

21. Defendant Lannette Linthicum and the other CMHCC Board Members are responsible for Policy G-51.11 and the provision of health care to myself, the plaintiff. They were responsible for a blanket policy which operated as a blanket ban for all treatment options for GD other than HRT, thus prohibiting medical staff from making a medical determination of an individual inmate's medical needs and prescribing

adequate care to treat those needs. Under this policy plaintiff was denied treatment, not because it wasn't medically necessary, but because it conflicted with policy. They have not provided services to the plaintiff sufficient to diminish the intense emotional distress, and the related risks of suicide and self-mutilation, to the point at which I would no longer be at a substantial risk of serious harm. The policies and practices which they were responsible for took away the ability of doctors to use their clinical judgement with respect to conditions that are significant, especially when it pertains to medically necessary treatment. They created a policy or custom under which unconstitutional practices occurred and allowed the continuance of such a policy or custom.

DEFENDANT DR. JOSEPH PENN

22. Dr. Joseph Penn supervises the Gender Specialists and the implementation of Policy G-51.11. He directly limits what treatments can be prescribed and provided and controls how patient's needs are evaluated and recorded. He directly limits the Gender Specialists. In my particular case the Gender Specialists have even brought my case before him as they recognized my need for additional care.

23. Dr. Joseph Penn knowingly and unreasonably disregarded an intolerable risk of harm and will continue to do so. He oversees the implementation of Policy G-51.11 and the prescription of an easier and less efficacious treatment. They were aware of the need for additional medical care and intentionally refused to provide that care. They prevented medical providers from evaluating fully the needs of the plaintiff in regards to her treatment. They have not provided services to plaintiff sufficient to diminish the intense emotional distress, and the related risks of suicide and self-mutilation, to the point at which I would no

longer be at a substantial risk of self harm. They took away the ability of doctors to use their clinical judgement with respect to conditons that are significant, especially when it pertains to medically necessary treatment.

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that the foregoing is true and correct.

EXECUTED on February 1st, 2020

Lilly Anne Hopkins aka Samuel Hopkins

Respectuflly submitted

By: Lilly Anne Hopkins

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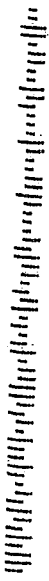
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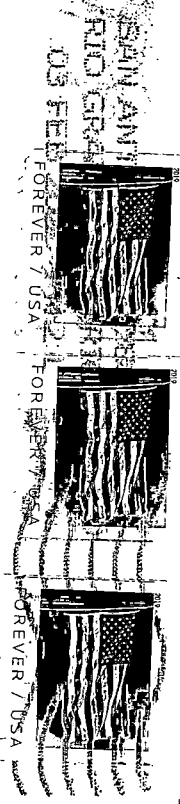
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